

California ELAP Internal Management System
Standard Operating Procedures (SOPs)
Draft of SOPs to be developed
(for discussion purposes only)

Administrative

1. How to write an SOP
2. Communication
 - a. Procedures to make publicly available information about the current status of the accreditations that it has granted to laboratory
 - b. Procedures on how to update the ELAP website
 - c. Procedures governing ELTAC
 - d. Implementing ELAP's Strategic Communications Actions Plan
3. Complaints
 - a. Procedures for dealing with complaints
 - 1) Against ELAP and ELAP Staff
 - 2) Referrals from Regulatory Agency Partners
4. Ethics
 - a. How to organize and operate to safeguard the objectivity and impartiality of its activities
 - 1) ~~Internal Review/Assessment~~: Procedures for non-conformance on how to identify and manage problems in its own operations and take action to correct and prevent future problems
 - 2) Internal Audits
 - 3) Management Review
5. Management
 - a. ~~Communication Strategy~~-(Implementing ELAP's Strategic Communications Actions Plan)
 - 1) ~~Internal~~
 - 2) ~~State Agency~~
 - 3) ~~Laboratory Community~~
 - b. Performance Metrics (Quality Control Section in each SOP)
 - c. Personnel Records
 - d. Staff Assignment (Organization Chart)
 - e. Training new and existing on-site assessment staff
 - f. Use of ELAP Symbol
 - g. Organizational
 - 1) Job Duties
 - 2) Program Requirements
 - h. ~~Records Management~~-(Retention Policy)
 - i. Structure (Organization Chart)

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- j. 3rd Party: Procedures on the use of 3rd Party to conduct assessments pursuant to training contract
- 6. Updating laboratory's files
 - a. Change of Ownership
- 7. ELAP's Quality System

Procedural

- 1. Auditing/On-Site Assessments
 - a. Procedures to clearly describe its accreditation activities relevant to standards
 - b. Conducting On -Site Assessments
 - c. Conducting On-Site Assessments for Cryptosporidium
 - d. Off -Site Data Assessment
 - e. Enforcement
- 2. Document Control (revised)
 - a. Procedures to control all documents (internal and external) that relate to its accreditation activities.
 - b. Electronic Content Management – process to convert paper files to electronic files in ECM
 - ~~c. ELTAC: Noticing ELTAC Meetings~~
 - d. Proficiency Testing
 - 1) Procedures for data input for acceptable/non-acceptable results
 - 2) Procedures for issuing letters of non-conformance
- 3. Granting/Revoking Accreditation/Reciprocity
 - a. Procedures on how to make the decision on whether to grant or extend accreditation on the basis of an evaluation of all information received and any other relevant information.
 - b. Procedures to recognize another Accrediting Bodies certification
 - c. PT Requirements
- 4. Denial/Appeal/Extending/Suspension
 - a. Procedures on how to make the decision on whether to deny, how to appeal, extend and suspend accreditation on the basis of an evaluation of all information received and any other relevant information

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5. Health and Safety
 - a. Health and Safety procedures when conducting on-site assessments of laboratories
 - b. Travel
6. Accounting
 - a. Fulfilling an invoice request